# 12000010620

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Bus	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to I	Filing Officer:		

Office Use Only



300235346443

05/24/12--01005--027 \*\*125.00

STECTIVE DATE



N. CUMBER MAY 25 2012

## COVER LETTER

TO: Registration S Division of Co			
<sub>suвјест:</sub> Вауvi	ew Commercial S	Supply L.L.C.	
		ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
M. Martir	n Whiteman	Name of Person	
Bayview	Commercial Sup		
		Firm/Company	
2121 Wo	od St Suite G229	Address	
		Address	
Sarasota F	L 34237-7921	y/State and Zip Code	
division10@	bayviewcommercial	lsupply.com	
For further information	E-mail address: (to be used concerning this matter, please	for future annual report notification) e call:	
M Martin Whiten	nan	at ( 615 ) 983-0891	
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for \$125.00 Filing Fee	or the following amount:  \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## Bayview Commercial Supply L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<b>Mailing Address:</b>	
2121 Wood St Suite G229	2121 Wood St #G229	
Sarasota FL 34237-7921	Sarasota FL 34237-7921	<del></del>
M. Martin Whiteman		Y 24 AM
Name		SER
2121 Wood St #G229		
Florid	da street address (P.O. Box NOT acceptable)	
Sarasota	<sub>5.</sub> 34237-7921	38 ATE ADA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

City, State, and Zip

Registered Agent's Signature (REQUIRED

(CONTINUED)

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member				
MGR	M Martin Whiteman			
	2121 Wood St #G229			
	Sarasota FL 34237-7921			
		<del></del>		
		<del></del>		
	•			
• • • • • • • • • • • • • • • • • • • •				
	date of filing: July 1, 2012 . (OF specific and cannot be more than five busing			
REQUIRED SIGNATURE:	HELA		12 H	
	- Na Signatura		17 2h	FILED
Signature of a member	r or an authorized representative of a member.	1 1 1 1	AH II: 38	Ó
constitutes an affirmation under I am aware that any false inform	the penalties of perjury that the facts stated herein are nation submitted in a document to the Department of as provided for in s.817.155, F.S.)	STUR.	သူ	
M. Martin Whit	eman			
Ту	ped or printed name of signee			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)